Saipan Ice & Water Co., Inc. P.O BOX 501808, SAIPAN MP 96950 Tel. No. 322-6130,322-5991 We Care About Your Health

N	O.

CUSTOMER NAME	DUS	DATE	30504			
ADDRESS	CAGMAN	CONTRACT	REF.			
CONTACT PERSON		TEL. NO.				
Equipment Description:	(3000 GAPE)				
Visit Frequency:Wed	Last Microbiolo	gy Test Result / Remar	ks:			
SERVICE REPORT	reck on Ro	Tyrley				
FINDINGS/COMMENTS: /						
	•					
INSPEC	TION & MAINTEN	ANCE CHECKLT	ST			
	e briefly result of inspection					
Anti-scalant Level	3/4	UV Light Unit (s)				
Chlorine Level	1.0 mg/l	Ozonator	ok			
Pre-filter	OK!	Hardness Reading	10 Gpg			
Post-filter	OK	Feed Water TDS	946 ppm			
Feed Pump Pressure	20 ps/	Product Water TDS	47 ppm			
Permeate Flow Rate (GPM)	1.5 GpM	Chlorine Reading	0			
Reject Flow Rate (GPM) Others						
Recommendation (indicate particular work done or parts of system inspected): Wilk hardness, Toss Chown of feed this RD produce						
chell operation pressure; placin level,						
Time Start Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Dat				
	Roddels Re	y Ilus t	145			

Saipan Ice & Water Co., Inc.

P.O BOX 501808, SAIPAN MP 96950 Tel. No. 322-6130,322-5991 We Care About Your Health

٧	О.	

	_							
CUSTOMER NAME	DUS		DA	TE ·	30204			
ADDRESS	KAG	MAN	со	NTRACT REF				
CONTACT PERSON			TE	L. NO.				
Equipment Descript	ion: (307)	D 6720						
Visit Frequency	:Week/Month	Last Microbiology	y Test Result	/ Remarks:				
SERVICE REPORT	Check	on Ro	Ly Vfe.	in	*			
FINDINGS/COMMEN	ed to r	on RD efV/fle	con J.	or my	uctre fun			
		& MAINTENA esult of inspection						
Anti-scalant Level		1	UV Light Un					
Chlorine Level	1/2	7 mg/(Ozonator		ac			
Pre-filter	Ó	ur /	Hardness R	eading /	o apy			
Post-filter	O	K	Feed Water	TDS	973 ppm			
eed Pump Pressure	30	$n \ n \times n $	Product Wa TDS	ter	53 ppm			
Permeate Flow Rate	(GPM) /,	t GM	Chlorine Re	ading				
Reject Flow Rate (GI			Others					
Recommendation (in Check by Open	idicate particula US, IPS UAHON P	r work done or profile of the work of to	arts of system	em inspecte	diko pusho Weby on			
Time Start Time Fini	shed Work	Performed by & Signature	Custome	er Rep. Nam	e, Signature,Date			
	Rosh	de by Key.	1 Pin	and R	, Rage			

Saipan Ice & Water Co., Inc. P.O BOX 501808, SAIPAN MP 96950

P.O BOX 501808, SAIPAN MP 96950 Tel. No. 322-6130,322-5991 We Care About Your Health

N	^	

Beerge Sung Children									
CUSTOME	R NAME	X	() <u>(</u>	<u>S</u>			DATE		027704
ADDRESS		K	AG	MAY		CONTRACT REF.			
CONTACT P	ERSON					TEL. NO.			
Equipment Description: 3000 GAD)				
Visit Frequency :: Week/Month Last Microbiology Test R						st Res	sult / Remark	s:	
FINDINGS/COMMENTS: My forcest on Ro Fathery Findings/comments: My forcest on injection fank reed to regill									
FINDINGS	COMMENT	rs:	.in	jectory	Circl	, ()	reed to	ne	fill
				& MAINTE esult of inspec				ST	
Anti-scalar			Lul			UV Light Unit (s)			
Chlorine Le	evel		1.3	· mg/l	Ozo	Ozonator		C	de
Pre-filter			O	4	Har	Hardness Reading		1	2 Gpg
Post-filter			al	(Feed Wat		ter TDS	8	77 pp.py
Feed Pump	Pressure		30) P11	Product TDS		ct Water		J Dym
Permeate F	low Rate ((GPM)	1/0	2 Dalow	Chlo	Chlorine Reading			010
Reject Flow	Reject Flow Rate (GPM) Others								
	dation (inc 7 Ail Mount		articula Joech	rwork done	Han		me, a	ce	il berelves
Time Start Time Finished Work Performed by & Cystomer Rep. Name, Signature, I					Signature,Date				
		/	Redo	Se les Re	12		lhing	}	02/21/86
	·			/	/	t			

Saipan Ice & Water Co., Inc.

P.O BOX 501808, SAIPAN MP 96950 Tel. No. 322-6130,322-5991 We Care About Your Health

	_	
¥	1).	

						·			·	
CUSTOMER	NAME	\mathcal{Y}	XX)			DATE		022306	
ADDRESS		KA	AGMEN				CONTRACT	REF.	·	
CONTACT PER	RSON						TEL. NO.			
Equipment I	Description:	(3	M	& RO						
Visit Frequen	су:\	Week/	Month	Last Microbio	logy T	est Re	sult / Remarl	ks:		
Cherkon RO Ly Jerm										
FINDINGS/COMMENTS:										
			•.							
, , , , , , , , , , , , , , , , , , ,				MAINTE						
Anti-scalant	Level		//	2	UΛ	Ligh	t Unit (s)			
Chlorine Leve	el		/•(Ing/l	Oz	onato)r	0	K	
Pre-filter			0	y!	На	rdnes	s Reading	12	2 apg	
Post-filter			O	K	Fe	ed Wa	iter TDS	9	83 ppm	
Feed Pump P	ressure		(30	P87	Pro TD		Water	8	with a	
Permeate Flo	w Rate (GP	M)	10	(apm)	Ch	lorine	Reading	!	0	
	Reject Flow Rate (GPM) Others									
Recommenda Chelle h	ition (indica And Ne DNUAS	4		work done of the state of the s		s of s	1		ko produce	
	ime Finished		Work	Performed by Signature		70000				
		1	edo	delorR	ey	1	Pay VICTI	tor i	ANIYO 2/23/0	
					/ `	7	1			

Saipan Ice & Water Co., Inc.

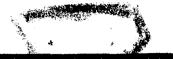
P.O BOX 501808, SAIPAN MP 96950 Tel. No. 322-6130,322-5991 We Care About Your Health

N	О.

A STATE OF THE PROPERTY OF THE	на відзапі, Ліот вействей для негов (в. 1994)	and the state of t	·····································				
CUSTOMER NAME	DYS	DATE	orwog				
ADDRESS	CONTRACT	/					
CONTACT PERSON TEL. NO.							
Equipment Description:	300 GRO						
Visit Frequency :: Week/Month Last Microbiology Test Result / Remarks:							
SERVICE REPORT	ech on Ri	(Carpy					
FINDINGS/COMMENTS:	•	, // ,	2 1 ./				
no floro	n or rupert	on fork he	ed to regill				
FINDINGS/COMMENTS: My form on myleton fork heed to refil INSPECTION & MAINTENANCE CHECKLIST (Describe briefly result of inspection and recommendation)							
Anti-scalant Level	full	UV Light Unit (s)					
Chlorine Level	o. ng/l	Ozonator	ok				
Pre-filter	ok	Hardness Reading	15 gpg				
Post-filter	OK	Feed Water TDS	87/ 12m				
Feed Pump Pressure	30 PH	Product Water TDS	90 km				
Permeate Flow Rate (GPM)	20 Gp14	Chlorine Reading	0				
Reject Flow Rate (GPM) Others							
Recommendation (indicate particular work done or parts of system inspected): Creek of rexill flower as my extra touch level hard neer. TRSS							
	Time Finished Work Performed by & Customer Rep. Name, Signature, Date						
Time Start Time Finished	Signature	customer kep.	Tame, Signature, Date				
	Kirldelor Key.	a mak	ant _				

Saipan Ice & Water Co., Inc.

P.O BOX 501808, SAIPAN MP 96950 Tel. No. 322-6130,322-5991 We Care About Your Health



No.

CUSTOMER NAME	4) <u>Y</u>				DATE		021506
ADDRESS	K	KAGMAN				CONTRACT F	REF.	
CONTACT PERSON						TEL. NO.		
Equipment Descript	tion:	3000	D GM)				
Visit Frequency :: Week/Month Last Microbiology Test Result / Remarks:								
SERVICE REPORT Check PD Sylvey								
FINDINGS/COMMENTS: NOTT i pre high pressure pump was newly replace								
INSPECTION & MAINTENANCE CHECKLIST (Describe briefly result of inspection and recommendation)								
Anti-scalant Level		fu	W	U	V Ligh	t Unit (s)		
Chlorine Level		0.	7 ng/	160	zonato	or .	0	K
Pre-filter		O	els !	1	ardnes	s Reading	80	myd 00
Post-filter	^ .	0	K	F	eed Wa	iter TDS	9	10 pm
Feed Pump Pressure	•	3	D PM		roduct DS	Water	/0	O GFG
Permeate Flow Rate	(GPM)	2.	0 gpm	// CI	hlorine	Reading	_ <u>C</u>	
Reject Flow Rate (G	Reject Flow Rate (GPM) Others							
Recommendation (indicate particular work done or parts of system inspected); ellowing there is the graph of the formal of the product tank level.								
Time Start Time Fin	ished	Work Performed by & Customer Rep. Name, Signature				Signature, Date		
		Roll	de la fe	1-	- X	Picardo	Ko	ise

Saipan Ice & Water Co., Inc. P.O BOX 501808, SAIPAN MP 96950

P.O BOX 501808, SAIPAN MP 96950 Tel. No. 322-6130,322-5991 We Care About Your Health

N	O	_

CUSTOMER NAME		DYS	,		DATE		02-07-09		
ADDRESS	10	AG.	MKN		CONTRACT R	EF.			
CONTACT PERSON					TEL. NO.				
Equipment Descripti	ion:	3000	o Gro						
TEL. NO. Equipment Description: Coro Grow Visit Frequency:Week/Month SERVICE REPORT INSPECTION & MAINTENANCE CHECKLIST (Describe briefly result of inspection and recommendation) Anti-scalant Level Chlorine Level Pre-filter Post-filter Post-filter Feed Pump Pressure TEL. NO. TO GROW Anti-scalart / Remarks: UV Light / Remarks: UV Light Unit / (s) Ozonator Feed Water TDS Feed Water TDS Product Water TDS TDS TO DESCRIPTION OF TO D									
SERVICE REPORT	Che	ch e	n Ro.	Egyte	24				
FINDINGS/COMMEN	ITS:								
Anti-scalant Level		-	full	UV Lig	ht Unit (s)				
Chlorine Level		1.8	J Gom	Ozona	tor		,		
Pre-filter			Oh	Hardn	ess Reading	\J	g-pg		
Post-filter		C	A C	Feed V	Vater TDS	18	4 Dem		
Feed Pump Pressure	U	781				1 pm			
Permeate Flow Rate	(GPM)	2,	O Copy	Chlori	ne Reading				
Reject Flow Rate (G	PM)		•	Others	Others				
Check operat	Dy pre	Sfur	e i floc	on lev	el		** :		
Time Statt Time Fin	DDRESS CONTRACT REF. TEL. NO. Juipment Description: Week/Month Last Microbiology Test Result / Remarks: RVICE REPORT MDINGS/COMMENTS: INSPECTION & MAINTENANCE CHECKLIST (Describe briefly result of inspection and recommendation) Iti-scalant Level UV Light Unit (s) Jorine Level e-filter St-filter GR Product Water TDS Product Water TDS TMACT REF. CONTRACT REF. TEL. NO. Last Microbiology Test Result / Remarks: UV Light Unit (s) DOMNO CHECKLIST (Describe briefly result of inspection and recommendation) Hardness Reading Product Water TDS TMACT REF. TEL. NO. TO THE NO.								

Saipan Ice & Water Co., Inc.

P.O BOX 501808, SAIPAN MP 96950 Tel. No. 322-6130,322-5991 We Care About Your Health

_		
J	o.	

				<i>i</i>						
CUSTOME	R NAME) 	DYS			DATE	12009			
ADDRESS		KAGMAN			1	CONTRACT R	EF.			
CONTACT P	ERSON					TEL. NO.				
Equipment	t Descripti	ion:	3000	G7240						
Visit Freque	ency	:Weel	k/Month	Last Microbiolog	y Test F	Result / Remark	s:			
Cheek on RU System										
FINDINGS	/COMMEN	TS:		1						
			.*							
				MAINTEN.			ST			
Anti-scalar			3	14		ght Unit (s)				
Chlorine Le	evel		8	mely	Ozona	itor	ok			
Pre-filter			8	K	Hardn	ess Reading	14 Gpe			
Post-filter			0	y	Feed \	Water TDS	967 pm			
Feed Pump	Pressure		202	n/ Dopen	Produ TDS	Product Water TDS				
Permeate F	low Rate	(GPM)	1-8) Grow	Chlorine Reading		0			
Reject Flow Rate (GPM)				Others						
Recommen	dation (in	dicate p	particular 1285	Mork done or	parts of	system inspe	cted): puilly			
Oreele	opera	7.51	1		627	twel	1			
Time Start	Time Fini	shed	Work	Performed by & Signature	c	ustomer Rep. N	ame, Signature,Date			
			Roa	de los k	Zuje					

Saipan Ice & Water Co., Inc. P.O BOX 501808, SAIPAN MP 96950

P.O BOX 501808, SAIPAN MP 96950 Tel. No. 322-6130,322-5991 *We Care About Your Health*

N	a	

									2-03-23
CUSTOME	IER NAME DUS				DATE		12/005	_	
ADDRESS	3	/	RAGMAN			CONTRACT	CONTRACT REF.		
CONTACT	CONTACT PERSON					TEL. NO.			
Equipmen	ıt Descripti	on:	3000	OPD (
Visit Frequency:Week/Month Last Microbiology Test Result						t Result / Remark	ks:		* /*.
SERVICE	REPORT	ch	cele	On Re	, fr	spri			
FINDINGS	COMMEN	15:							
ple	d re	eerr	e 1	gal &	No	coy.			
	**			•		E CHECKLIS	ST		
Anti-scalar		Jesenbe	T	ul.	nspection and recommendation) UV Light Unit (s)				· .;
Chlorine Level			O. S mg/ Ozonator			ator			
Pre-filter			· a	ale Hardness Read					-
Post-filter			O	W 1	Feed	Water TDS	1	the last	p_j
Feed Pump Pressure		4	0 ps/	Product Water TDS			Mgy Or	,]	
Permeate Flow Rate (GPM)		1.	8 apm	Chlor	ine Reading	(0//		
Reject Flow Rate (GPM)				7	Others				
ecommend My	few ta	We,	che	en tps ?		of system inspe	cted)	ful fle	7
nodu			Work	TOU JUS Performed by &	Curl	/ '		Vienatura Data	
ime Start	Time Finish	ned	U	Signature	- (Customer Rep. Na	ame, S		
			Redd	e lor Ry-		mark			
						777			